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Country note**

Multi-country programme for the Eastern Caribbean

Summary

The Executive Director presents the country note for the multi-country programme of the Eastern Caribbean (covering Antigua and Barbuda, Barbados, the British Virgin Islands, Dominica, Grenada, Montserrat, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, and Turks and Caicos) for a programme of cooperation for the period 2003 to 2007.

The situation of children and women

1. The multi-country programme supports three territories and nine nations in the Eastern Caribbean with an aggregate population of 2.5 million. Countries range from fewer than 4,000 persons (Montserrat) to 1.3 million (Trinidad and Tobago). Indigenous populations are found in Suriname and, in smaller proportions, in Dominica and in Saint Vincent and the Grenadines. Almost all of the countries have a commendable record of political and social stability and good governance, and have shown, individually and collectively, their commitment to social and human development, and to human rights. All countries score among the top 70 in the Human Development Index, with Barbados leading at rank 31.

- * E/ICEF/2002/2.
- ** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2002.



2. Economic disparities are wide: the gross national product (GNP) per capita ranges from \$1,660 in Suriname (1998) to about \$9,000 for Barbados and for Antigua and Barbuda (1999). The proportion of the population living in poverty varies between 8 per cent in Barbados and 60 per cent in Suriname, with the 25-45 per cent of households headed by women, especially vulnerable (Turks and Caicos at 8.8 per cent a much lower exception). The economies are characterized by their small size and vulnerability to economic shocks due to their global market integration. There is a high reliance on tourism, agro-exports such as banana and sugar, and financial services. Vulnerability is manifest in the loss of the preferential trade terms for the Caribbean banana (especially adverse for the Windward Islands), and the tourism fall-off after the 11 September 2001 attacks. The economies are further vulnerable to natural disasters such as hurricanes, floods and volcanoes.

3. Public spending on basic social services is high in absolute and relative terms in most countries, with the strong results noted below. However, these services require high per capita recurrent and capital costs, and their sustainability is challenged by the ongoing departure of professionals, especially due to migration.

4. United Nations agencies in the subregion conducted Common Country Assessment exercises in 1999 and 2000 in Barbados and the Organization of Eastern Caribbean States area (OECS, a nine-nation group), Suriname, and Trinidad and Tobago. These found relatively good child survival rates. Under-five mortality and infant mortality range from 13-35 and 12-28, respectively, for every 1,000 live births. Maternal mortality ratios are below 100 per 100,000 live births in all countries. Immunization rates are generally over 90 per cent, except in the interior of Suriname where measles coverage is only 60 per cent due to the remote Amazonian settlements. Severe malnutrition is very rare, and low birth weight is 12 per cent or less in all countries. Exclusive breastfeeding is generally low and inconsistent. Universal free and compulsory primary education is nearly achieved by all countries, but with increasing drop-out and repetition rates and a marked gender performance gap in favour of girls. Access to sanitation and potable water facilities is over 80 per cent in almost all countries. Systems of birth registration function well, except in Suriname, and to a lesser extent in Trinidad and Tobago, and Dominica. Dominica and Suriname attribute low registration to remote locations with indigenous populations. On the whole, Suriname emerges as the country with the greatest challenges due to its vastness, small population and low density, weak infrastructure and communication, and comparatively low GNP per capita.

5. HIV/AIDS has emerged as a major challenge. Transmitted mainly heterosexually, the general infection rate is estimated at around 2 per cent and growing rapidly. Estimates are that 41 per cent of all HIV infections are in the 25 to 34-year-old age group. Adolescents and young adults, especially girls between 15-19 years old, are particularly vulnerable, due in part to early sexual initiation. In some instances, teenage girls outnumber boys 5 to 1 for new infections, and 4.5 to 1 for reported AIDS cases. Infant risk is highest for the estimated 3,000 births to HIV-positive mothers. In response, all Governments are developing or have developed national plans of action in line with the Caribbean Community (CARICOM) regional strategy on HIV/AIDS, with support from the Joint United Nations Programme of HIV/AIDS (UNAIDS) and the Caribbean Epidemiological Center.

6. Many adolescents and youth have insufficient skills for a smooth transition to responsible adulthood or for coping with certain challenges. A Pan American Health

Organization (PAHO)/World Health Organization study in 2000 revealed that 54.8 per cent of adolescents had their first intercourse at age 10 years or younger; that one fifth of the boys reported drinking alcohol; and that 10.5 per cent of girls and 9.1 per cent of boys had been sexually abused, usually by an adult within the family. Other data support concerns about teen pregnancies (14 to 16 per cent of the total), violence and substance abuse. Opportunities for youth participation in national and community life are limited, in part because adolescent and youth organizations are still weak.

7. All countries have ratified the Convention on the Rights of the Child, and all eligible countries are party to Convention on the Elimination of all Forms of Discrimination against Women and the Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women (*Belem do Para*). While saluting national accomplishments, the Committee on the Rights of the Child has commented in several cases on the low age of criminal responsibility; the need to abolish corporal punishment; and weaknesses in mechanisms dealing with child abuse, including, inter alia, inadequate reporting systems. Juvenile delinquency and children in conflict with the law are persisting social and social policy problems. Another generalized social policy problem is the outdated family law regimes, such as child support requirements of \$10 per month for children 0-14 years old.

Lessons learned from past cooperation

8. In reply to the challenge of the multi-country setting, the present multi-country programme has clustered countries in three groups according to their socio-economic status and population. This has proved useful for priority setting, strategy selection, and programme implementation and resource allocation. A two-tiered approach with interventions both at regional and national levels has proven effective and will be continued.

9. The close relations with CARICOM and OECS should be enhanced. They facilitate the development and implementation of regional initiatives such as the 1997 Caribbean Plan of Action for Early Childhood Education, Care and Development; the Health and Family Life Education initiative; the Caribbean HIV/AIDS Strategy; and the OECS Law Reform Initiative. Following the regional consensus with national-level adaptation accelerates national ownership and implementation. Likewise, collaboration with the University of the West Indies (UWI) has improved the overall technical quality of the programme and should be strengthened and expanded to other programme areas.

10. Legal reform and policy reviews in compliance with the Convention on the Rights of the Child will continue to be a slow process due to limited resources and capacities. Yet the mid-term review (MTR) of the present multi-country programme noted too that legislation without an instrument and resources for enforcement is powerless to effect change. Limited legal reform has not been adequately supported with the necessary enabling social services. Likewise, the MTR noted that limited capacities and resources in social data systems have hampered monitoring and data-based policy development and advocacy.

11. United Nations coordination is a challenge because of the different office locations and country coverage in the subregion. However, a concerted willingness

by all to realize United Nations reform objectives has minimized logistical obstacles, and sound practices are in place for upcoming cooperation. United Nations theme groups, a main vehicle of cooperation, have been expanded to include bilateral and multilateral donors, civil society groups and Governments. This practice, which increases coordination, ownership and lesson sharing, should be continued.

12. While the "supply" of rights-based programmes has increased, the "demand" has lagged in key areas. There is dissonance between the Convention on the Rights of the Child and public views in, for example, the age of criminal responsibility, and parts of the public are unaware or have vague notions of the Convention. "Supply" must be complemented with a communication component to educate parents, communities and children on children's rights to create the demand for rights, and to facilitate implementation.

13. An evaluation of the present health and family life education (HFLE) programme showed that successful implementation of school-based life skills education programmes (e.g. conflict resolution, leadership, substance abuse, HIV/AIDS) requires strong support from parents and communities. Greater adolescent participation in programme design and implementation increases its relevance and effectiveness, and an expansion beyond the present in-school population to those out-of-school and in informal learning environments is needed to reach other at-risk youths.

Proposed multi-country programme strategy

14. Development of the 2003-2007 multi-country programme was shaped in a series of national and subregional meetings, and during the MTR exercise. These meetings included Governments, non-governmental organizations (NGOs), youth representatives and external partners (the United Nations, and bilateral and multilateral partners).

15. The multi-country programme is built around the vision of bridging the gap between the politically-accepted children's rights and the reality of societal values and practices. It closely matches the early childhood development (ECD), HIV/AIDS and child protection priorities outlined in the UNICEF medium term strategic plan, and links in some nations to the education and immunization "plus" goals, especially with respect to disparity reduction. It also matches the poverty eradication and HIV/AIDS emphases of the three United Nations Development Assistance Frameworks (UNDAFs) being prepared in the subregion for completion in December 2001. It will also build on the CARICOM and OECS initiatives such as those noted earlier.

16. The goal of the multi-country programme is to strengthen and support commitments and capacities of individual and collective Governments, civil society, communities and families to promote, protect and fulfil children's and adolescents' rights; meet children's gender responsive basic needs; and expand opportunities and skills for them to reach their full potential. The strategic role of UNICEF in the programme will be to identify and support opportunities to use its networking and mobilization capacities to promote the Convention on the Rights of the Child, and to help Governments and societies sharpen their focus on children's and women's

rights within their existing strong commitments to social development and human rights.

17. Since the countries are not homogeneous, differentiations will be made based on socio-economic status and the situation of children. The multi-country programme will continue two-tiered interventions at regional and national levels. At the regional level, the multi-country programme will strengthen links with CARICOM and OECS, and with UWI to benefit from its credibility and capacity in research, advocacy and technical assistance. At the national level, major partners in addition to Governments will include community-based organizations, child rights committees, and programme committees such as the HFLE Committee and the Caribbean ECD Association. In addition, partnerships will be expanded to more civil society organizations in the context of the Global Movement for Children, in particular to religious organizations.

18. Alliance-building among development partners is assisted by the United Nations theme groups noted earlier. UNICEF also participates in donor groups in education, disaster management, justice and poverty. Partnerships with major bilateral (the United Kingdom Department for International Development, the Canadian International Development Agency, the United States Agency for International Development) and multilateral agencies (the Caribbean Development Bank, the Inter-American Development Bank, the European Union, UNAIDS) will be strengthened, especially through consultations and information sharing for greater complementarity and synergy.

19. Major strategies include: (a) creating the conditions for rights to be fulfilled at the government level in policies, programmes and budgets, and at family and community levels in attitudes and practices; (b) creating conditions for implementing children's rights through capacity-building and support to families, children and youth; (c) promoting greater equity and social inclusion through research, legislative and policy reform, and advocacy; and (d) creating an environment of demand for children's rights, and for the accountability of duty bearers within Governments, communities and families. The multi-country programme will give a high priority to HIV/AIDS prevention in the framework of national strategic plans. As cross-cutting issues, HIV/AIDS and gender will be addressed across the programme, within an overall life-cycle approach. The new multi-country programme will have three components.

20. The objective of ECD is to ensure that all children are born healthy, and that children 0-8 years old have access to an integrated set of services, including proper care and education. Within the context of the 1997 Caribbean Plan of Action for Early Childhood Education, Care and Development, the programme will work with regional and national counterparts to ensure that integrated ECD is understood and given priority by families, Governments and society. Subregional ECD networks will be strengthened. At the national level, it will ensure that early childhood policies are mentioned; that attention is paid to key developmental phases such as the transition to primary school; that birth registration systems are strengthened, particularly in Dominica, Suriname, and Trinidad and Tobago; and that children's health, nutrition and cognitive/social/emotional abilities are monitored. Recognizing the family as the primary caregiver and duty bearer, the programme will support training parents and caregivers about proper child-rearing practices and children's rights. Special attention to teen parents will be offered together with the adolescents

and life skills programme. The programme will also expand the skills of health and community workers, and day-care and pre-school staff in life skills, HIV/AIDS, positive stimulation and early disability detection. Mother-to-child HIV transmission will be combated by improving the capacity of health workers to counsel HIV-positive mothers on maternal and child nutrition.

21. The objective of the **adolescents and life skills** programme is to contribute to adolescent knowledge, attitudes and skills, and to help create opportunities for their active participation in societal development. The programme will (a) support the promotion of adolescent-friendly health services (particularly adolescent-friendly information systems on HIV/AIDS); (b) support peer education and counselling; (c) support the elaboration of national policies that promote effective adolescent participation; (d) provide spaces (e.g. student councils, sports clubs) for adolescents to interact constructively with the adult world and to participate in the decision-making on issues that affect them; and (e) continue to promote positive and healthy lifestyles through the CARICOM HFLE programme, which will be expanded and adapted to reach out-of-school children and adolescents. The HFLE programme is a good example of inter-organizational collaboration, both inter-United Nations and United Nations/CARICOM/UWI. It is coordinated by UNICEF and supported by many United Nations agencies, including PAHO, the United Nations Development Programme, the United Nations Development Fund for Women, the Economic Commission for Latin America and the Caribbean and the United Nations Population Fund.

22. The objectives of the **social investment for child protection** programme are to place children's rights at the centre of national — and community-level public policy and decision-making; to cultivate broad societal will for promoting and protecting children's rights; and to strengthen governments' social planning and monitoring efforts. The programme will support research, mobilization and policy development to respect the rights of all children, especially for social inclusion and equity for: (a) poor children and children not reached by basic social services, with a special focus on indigenous populations; (b) children with disabilities; (c) children and families affected by and infected with HIV/AIDS; and (d) those excluded and marginalized due to their gender. The programme will also provide technical assistance to continue legislative and policy reform in compliance with the two Conventions and *Belem do Para*, particularly with regard to family law, juvenile justice and child protection. Simultaneous review and reform of the supportive social services required for effective enforcement of the law will be an integral part of the process. The programme will also support public education on children's rights to create the social demand for reforms; advocate for higher priority for children's rights in governments' policies, programmes and budgets; and support national capacity-building, such as the training of judges and social workers.

23. UNICEF is a member of a well-functioning subregional disaster management coordination mechanism, including Governments and donors. While **emergencies** is not a separate programme, programme funds will be reallocated and new funds raised within consolidated appeals as deemed appropriate and in consultation with Governments and other partners.

24. An Integrated Monitoring and Evaluation Plan will be developed as part of the programming process. Individual project plans will include log-frames and indicators of outputs and outcomes, and will define monitoring responsibilities.

Annual programme reviews will be held which, along with studies and evaluations, will guide improved planning of interventions.

25. **Cross-sectoral costs** include salaries of staff supporting the entire programme, operating costs not attributable to any single programme, and rental and operating expenses for office premises in Suriname and Trinidad and Tobago.

Estimated programme budget

Estimated programme cooperation, 2003-2007^a

(In thousands of United States dollars)

	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Early childhood development	2 000	1 300	3 300
Adolescents and life skills	2 500	2 000	4 500
Social investment for child protection	1 600	1 400	3 000
Cross-sectoral costs	1 400	300	1 700
Total	7 500	5 000	12 500

^a These are indicative figures only which are subject to change once aggregate financial data are finalized.



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Country note**

Pacific island countries

Summary

The Executive Director presents the country note for a multi-country programme for 13 Pacific island countries (Cook Islands, Fiji, Kiribati, the Marshall Islands, Federated States of Micronesia, Niue, Palau, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu) for the period 2003 to 2007.

The situation of children and women

1. The 13 Pacific island countries have populations ranging from less than 2,000 (Tokelau and Niue) to more than 800,000 (Fiji), for a total population of some 2 million people living on hundreds of islands over thousands of square miles of ocean. About two thirds of the populations live in rural areas, but out-migration to other countries as well as migration to small towns and cities have become a significant trend for the Pacific island countries, thus influencing society and family structures, the need for services and rising unemployment. The vast distances between communities, combined with associated travel and communication constraints, create ongoing challenges for Governments in delivering services to remote communities and vulnerable populations.

2. While more children now survive birth and infancy, attend school, complete their basic education and live in households with proper sanitation and safe drinking

* E/ICEF/2002/2.

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water, disparities in living standards are widening. Societies that were once fairly egalitarian now have visible poverty, especially in the squatter settlements that ring the towns. Some rural areas also have people who are very vulnerable to poverty, with little cash income for the costs of schooling and other priorities for children.

3. Pacific island countries have achieved quite different levels of development. Broadly, there are three groups. The smaller island States (Palau, Cook Islands, Niue), with Tonga, Samoa and Fiji, rank highest. Tuvalu, Federated States of Micronesia and the Marshall Islands are in the middle range. Kiribati, Vanuatu and Solomon Islands are at the lower end of the scale. The infant mortality rate has declined steadily in the region over the past decade, although it is still high (between 37-63 per 1,000 live births) in Vanuatu, Solomon Islands, Kiribati and the Marshall Islands. The leading causes of death in children under the age of five years include acute respiratory infections, diarrhoea, malaria (Vanuatu and Solomon Islands), perinatal complications and injuries. In Federated States of Micronesia, the Marshall Islands, Kiribati, Vanuatu and Solomon Islands, the child survival goals remain particularly important to reach. In Solomon Islands, over two years of civil strife have left the economy devastated, with a resulting decline in government services. The country is dependent on development assistance for running schools and health centres.

4. Sustainability of the Pacific island countries immunization programmes has increased, with hepatitis B vaccine now included in the Vaccine Independence Initiative. The Pacific is polio free, and no confirmed measles cases have been reported in four years. In most countries, more than 80 per cent of the infant population have been immunized, but the management of services needs improvement in some provinces/districts with low coverage rates. For Solomon Islands, the political crisis and resulting resource constraints have caused slippage to below 50 per cent. Malnutrition rates, as measured in under-weight children, vary from almost nil in most Polynesian countries to 6-23 per cent in the Marshall Islands, Fiji, Federated States of Micronesia, Vanuatu and Solomon Islands. Nutritional disorders begin with poor infant feeding practices and continue with many Pacific island children eating unhealthy and inappropriate foods. Anaemia and obesity are now common problems among children and young people. The elimination of micronutrient deficiency has not yet been achieved. Kiribati, Federated States of Micronesia and the Marshall Islands have some of the highest vitamin A deficiency rates in the world.

5. The quality of education in the Pacific island countries is still a major problem, with rote learning methodologies, a lack of resources and untrained/unmotivated teachers. For the young child, there is a lack of effort by Governments and non-governmental organizations (NGOs) to address the need for early stimulation and psychosocial development of those under the age of two years. The proportion of children enrolling in primary school is high in most Pacific island countries; however there are still a number of children missing out through non-enrolment or dropping out. Households are being required to assume the increasing, and often unmanageable, costs associated with schooling. In many areas, discrimination exists, with access to basic education limited by distance, poverty and/or disability. The gender gap in primary and secondary school enrolment is closing, although gender issues such as early female drop-outs, the lack of gender sensitivity in the school curriculum, and patterns of violence against girls and women require attention.

6. Adolescents face increasing difficulty moving from childhood to adulthood, as indicated by their alarming suicide rates, increasing abuse of alcohol and other drugs, involvement in criminal activity and engagement in high-risk sexual behaviours. The spread of HIV/AIDS is increasing, and the prevalence of sexually transmitted infections (STIs) remains high, especially for young people. Pacific migration, the population's youthful age structure, limited economic opportunities, increasing poverty, low status of women, increasing substance abuse, lack of treatment for STIs, and the growing conflict between traditional and modern values are some of the factors contributing to the spread of HIV/AIDS. While there are relatively few recorded cases of HIV infection in Pacific island countries, there is the potential for a major crisis in these small island States. There are also increasing numbers of children and young people living on the street, involved in pornography and prostitution. Legislation to protect children is inadequate in most countries, although some improvements have been made in areas such as adoption and juvenile justice.

7. The evidence of globalization is seen in the widening spread of information (especially foreign television shows and videos) and the increasing commercialization of resources such as timber and fish. The region is highly vulnerable to externally driven economic fluctuations and to natural disasters. Children and women are also vulnerable owing to the increase in ethnic and political violence in the region. Women have played a major role in advocating for peace in Solomon Islands. Although women's status in the Pacific island countries is improving, issues such as violence in the home, the lack of strong political representation and the non-ratification of the Convention on the Elimination of All Forms of Discrimination against Women are an indication of problems still to be tackled.

Lessons learned from past cooperation

8. Evaluations played an important role in identifying both the strengths and limitations of UNICEF and its partner. One donor evaluation (Australian Agency for International Development/New Zealand Official Development Assistance (AusAID/NZODA)) of UNICEF assistance documented the cost-effective approach of the hepatitis B project in reducing infection rates among children. Based on these results, counterpart Governments and donors have requested UNICEF to continue to support the expanded programme on immunization, with the possibility of eventually introducing new vaccines. A UNICEF evaluation of the community-based rehabilitation projects in Vanuatu and Solomon Islands highlighted the advantages and constraints of similar approaches for providing services to children with disabilities. It was recognized that government cooperation with the implementing NGO helped to ensure sustainability. The 1998 mid-term review (MTR), an in-house assessment and partner strategy meetings have all provided useful guidance for the development of a new programme of cooperation. The MTR noted UNICEF involvement in training and supporting 12 national children's coordinating committees to assume a more prominent role in advocacy and monitoring the Convention on the Rights of the Child. It has been through the leadership of these committees that six initial country reports on the Convention have been submitted to the Committee on the Rights of the Child. Six more reports are near completion, and two countries are drafting their interim reports. The committees have also advocated for child protection issues such as the review of juvenile justice practices in Vanuatu and support for children with disabilities in Fiji and Solomon Islands. As the committees are multisectoral in

nature, they have the potential to further advise UNICEF work in each country. The committees play an extremely important role in establishing supportive policies, and there is an opportunity to build the capacity of such local organizations to respond to children's issues.

9. A weak point was that UNICEF had not utilized the communications potential being developed in the region. Radio is the most accessible medium for reaching households in the Pacific, while television is available in most capitals and towns. UNICEF has developed strong links with many of the Pacific broadcasting companies, including for the first time, bringing the Children's Day of Broadcasting to the Pacific islands beyond Fiji. The potential in this area is enormous. Recent UNICEF support for communications capacity-building includes training partners in in-depth research (infant feeding practices in Fiji and Vanuatu) and media production (training for local language radio and video dramas in Federated States of Micronesia and Palau). With the development of new skills, there will be more opportunities for communication to become a major focus of UNICEF support in the new programme.

10. UNICEF funds were usually not sufficient to provide for implementing new initiatives on a national scale. They were, however, used effectively to create models of good practices that were then supported by national resources and/or donors. This was successfully done in a number of Pacific island countries, including with the pre-school programme in Vanuatu that now has wide government and donor support. Other examples include the health education project, that creates low-cost, local language videos, and the youth drama groups now initiated in various countries in the Pacific. UNICEF supports these models in areas such as youth life skills, juvenile justice, activity-based learning in basic education and behaviour change initiatives in early child feeding.

11. Data for the Pacific island countries are notably weak. The UNICEF MTR, the end decade reviews and the Education for All reports have all suffered from a lack of up-to-date figures and information. There are numerous donor-assisted projects for improving information systems. Through the United Nations Development Assistance Framework (UNDAF) mechanism, the United Nations family will provide vital support in this area. UNICEF will enhance the capacity of partners to help countries collect and analyse information related specifically to the well-being of children.

12. The MTR recognized the need for the programme to focus strategically on a limited number of priorities, resulting in some objectives being reformulated. The new programme will benefit from this experience by selecting areas where substantial impact can be achieved and by ensuring clear and measurable outputs. There is sufficient evidence based on key indicators of child development to suggest that three of the least developed countries (Vanuatu, Solomon Islands and Kiribati) require additional attention in order to reach the Millennium Development Goals and, in particular, to improve the lives of women and children. This cooperation will be situated in the context of the Common Country Assessments and UNDAFs currently being developed.

Proposed country programme strategy

13. UNICEF cooperation will focus on assisting the 13 Pacific island countries to further realize the rights of their children by strengthening the understanding and

capacity of regional and national partners with regard to the Convention on the Rights of the Child. This will be done by providing limited, but strategic, support to the better resourced countries, with a focus on those areas where UNICEF has particular expertise and where there is obvious synergy by working with all 13 countries. The priority will be on the earliest years of life and on adolescence. The programme areas will include rights advocacy, immunization, infant feeding and adolescent life skills. UNICEF will provide a link to United Nations and other international expertise and best practices. Support for training and communications will be provided based on available resources.

14. Three priority countries (Kiribati, Vanuatu and Solomon Islands) will receive broader support for programme implementation in order to reach the World Summit for Children goals and the goals of the UNICEF medium-term strategic plan (MTSP). An integrated approach to early child development (ECD), as described in the UNICEF MTSP, will be the basis of this support.

15. **Rights advocacy and protection** will be the core focus of UNICEF cooperation for all 13 Pacific island countries, with support to strengthen their capacity for promoting, monitoring and reporting on the Convention on the Rights of the Child. This will be accomplished by continuing to build the capacity of the 12 national coordinating committees for children, the provincial or state committees, and local NGOs through training, communications, improving information access, and facilitating the exchange of ideas between countries and institutions. Technical assistance will be provided for law reform efforts and the development of communications approaches. Support will be provided to Tokelau to consider ratification of the Convention as it is not included in the ratification by New Zealand. The programme will also build wider partnerships for children's rights by working closely at regional and country levels with institutions that support community-based organizations such as church groups and youth organizations. Partnerships with the private sector will also be enhanced for children.

16. Information and communication strategies will be developed to promote greater awareness of children's rights, women's rights, humanitarian principles and cross-cultural understanding. UNICEF will work closely with Pacific regional media partners, the Secretariat of the Pacific Community and the University of the South Pacific to improve the content and quality of information concerning children's issues. In addition, programming for children will be enhanced by making the Children's Day of Broadcasting model a regular feature on national radio and television. Within all aspects of UNICEF work, communications research and development will be utilized to help bring about behaviour change, for example, in child-care practices, adolescent health and HIV/AIDS. UNICEF cooperation will contribute to the improved protection of children by working with other partners to support the development of policies, legislation and good practices related to individual country concerns of child abuse, adoption, juvenile justice and disabilities.

17. **An integrated child health and development** strategy will support efforts to build models of integrated approaches to ensure that children receive the best possible start in life. All 13 countries will be covered by the Pacific-wide immunization project in which UNICEF provides assistance with vaccine procurement, training and communications. The World Health Organization (WHO) provides expertise and support for surveillance. NZODA and AusAID provide donor

support to these efforts, and the Japan International Cooperation Agency provides equipment and transport. Work in the area of micronutrients and child feeding, including the Baby-Friendly Hospital Initiative, will also continue to be supported through policy and technical support, links to the latest technologies and networking.

18. In the three priority countries, UNICEF will also support local integrated ECD models that are capable of wide replication. Aspects of these local projects will include ECD, home and health centre care for infants and young children, maternal health, early child feeding practices and micronutrients. Although interventions in these areas already exist, the new approach will be more integrated. This approach will, depending on the country, utilize the Integrated Management of Childhood Illness projects, the national pre-school projects, or the yet untapped village welfare groups and village volunteers. Basic education will only be supported when UNICEF assistance can be used to provide a national and regional model of good practice regarding child-friendly schools, as currently in operation in Vanuatu, because much of the donor assistance already targets other aspects of education.

19. The **adolescent development** strategy will adopt a participatory approach involving young people in all stages of project design and implementation to carry out life skills training, the development of culturally and linguistically appropriate communications approaches, and enhancing youth networks. It will build on the previous activities of participatory research and life skills curriculum development. The programme is designed to cover all 13 programme countries if funding and staff are available, but will continue in those five where it is currently supported (Vanuatu, Tonga, Fiji, Solomon Islands and Federated States of Micronesia). Regional partnerships have been established with the Commonwealth Youth Programme, the Secretariat of the Pacific Community, the Peace Corps, the United Nations Population Fund and WHO. Coordination is facilitated through the regional United Nations Inter-agency Task Forces on Youth (chaired by UNICEF) and HIV/AIDS (chaired by WHO). UNICEF cooperates closely with other organizations involved in youth leadership training, policy formulation and reproductive health service delivery. These efforts address the MTSP priority of reducing adolescent vulnerability to HIV.

20. An **integrated area-based** approach is used to provide the additional support necessary for the three high priority countries for project planning, monitoring and evaluation. This approach will also provide locally-based capacity to advocate for children's issues and to coordinate the assistance of UNICEF with other donors. The integrated area-based programme will provide direct support for multisectoral work such as social planning and database development. In addition to supporting the integrated ECD efforts mentioned above, other examples of projects in the integrated area-based approach include peace education dramas being carried out by youth in Solomon Islands and the province-wide child-friendly schools project in Vanuatu.

21. The **planning, monitoring and evaluation** component will assist all 13 programme countries to develop baseline data through rapid surveys and links to national surveys. This component provides resources to monitor, coordinate and evaluate all programme interventions. At the national level, UNICEF will work with the Government and United Nations partners to ensure timely and disaggregated data on the situation of children and women using DevInfo. Technical assistance

will facilitate the achievement of objectives in the integrated child health and development programme through support to communities in participatory planning, monitoring and evaluation. At the regional level, UNICEF will use ChildInfo to collect information and compare data across countries.

22. **Cross-sectoral costs** will provide support for the effective delivery of programmes, specifically key staff functions in the area of administration and supply.

Estimated programme budget

Estimated programme cooperation, 2003-2007^a

(In thousands of United States dollars)

	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Rights advocacy and protection	1 000	2 000	3 000
Integrated child health and development	2 500	3 000	5 500
Adolescent development	1 300	3 000	4 300
Integrated area-based	4 000	3 500	7 500
Planning, monitoring and evaluation	1 000	500	1 500
Cross-sectoral costs	200	—	200
Total	10 000	12 000	22 000

^a These are indicative figures only which are subject to change once aggregate financial data are finalized.